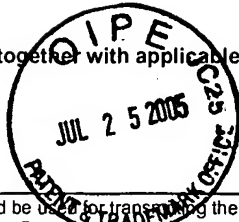


PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to: **Mail**Mail Stop ISSUE FEE
Commissioner for Patents
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, and orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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22852 7590 06/06/2005

FINNEGAN, HENDERSON, FARABOW, GARRETT &
DUNNER, L.L.P.901 New York Avenue, NW
WASHINGTON, DC 20001-4413

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/706,161	11/12/2003	Gary T. NEEL	06882.0090-03000	7574

TITLE OF INVENTION SYSTEMS AND METHODS FOR BLOOD GLUCOSE SENSING

APPLN. TYPE.	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/06/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WALLENHORST, MAUREEN	1743	436-095000

1. Change of correspondence address or indication of "Fee Address" (37 CFR. 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Finnegan, Henderson,
2. Farabow, Garrett &
3. Dunner, L.L.P.

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

(B) RESIDENCE: (CITY & STATE OR COUNTRY):

HOME DIAGNOSTICS, INC.

FT. LAUDERDALE, FLORIDA

Please check the appropriate assignee category indicated below (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed:

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ERIC P. RACITI, Reg. No. 41,475

July 25, 2005

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